

pay on # 0111790.

FS PAYMENT FORM

Discount Applied

☐

Vendor: Correctional Psychiatric Services

Line 5.

Purchase / Service Order #: ER# 0114381 PO# 1031510

Code (check one): PRC ☒ GAX ☐ INP ☐ IB ☐

FS Approval Date	PM	Payment Document ID#	FS Staff	Scheduled Date	Payment Amt	CFO Initial
<u>1/15/26</u>	1	<u>26 Cor Psyc SFORMMH1025</u>	<u>CR</u>	<u>01/05/2026</u>	<u>1,659,600.⁹⁰</u>	<u>[Signature]</u>
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					

CPS Healthcare INVOICE TO SUFFOLK COUNTY

INVOICE NUMBER: SFORMMH10-25

INVOICE PERIOD: OCTOBER2025

TODAY'S DATE: 11/10/25

TO: SUFFOLK COUNTY, BOSTON
NSJ AND SBHOC

FOR: Medical and Mental Health Services

FROM: Correctional Psychiatric Services
300 Congress St. 405 Quincy, MA 02169

Healthcare Coverage:

OCTOBER2025

\$1,679,758.33

\$1,679,758.33

OR DIRECT DEPOSIT PAYABLE TO CORRECTIONAL
ES

NSJ - 20,157.10+
HOC - 0.00+
002
20,157.10*

INSPECTION AND COMPLETION CERTIFICATE
I hereby certify that the services/goods specified above
have been performed/received and inspected by me on
date(s) specified, that the quantities of materials are
correct, and that performance and quality are
satisfactory as noted. Date: 12/15/25
Michelle Steinberg
Authorized Signature

Jorge Veliz, MD.
Correctional Psychiatric Services
300 Congress St. 405 Quincy, MA
1.617.794.9977 (cell) (781) 844
www.cpshealthcare.org Jveliz

Original
Invoice-
offsets- 1,679,758.00+
20,157.10-
000

New 10/2025
Invoice

1,679,758.00

Per Contract

October-NSJ 2025

NSJ = 40% = \$671,903.20

GROUP 1 STAFFING Category	Contract FTE	Actual FTE	GROUP 2 STAFFING Category	Contract FTE	Actual FTEs
Health Service Administrator	1.0	0.50	Dental Assistant	0.6	0.60
Director of Nursing	1.0	0.50	Discharge Planner	1.0	1.00
MAT Manager	1.0	1.00	Aftercare Coordinator (HOC)	N/A	N/A
Medical Director	0.5	0.50	RN/LPN/Med Tech	19.0	18.70
RN - Nurse Manager	1.0	1.00	Phlebotomist/CMA	1.0	0.00
Mental Health Director	0.5	0.50	AA	1.0	1.00
Psychiatrist	0.6	0.60	Medical Records	1.0	0.00
Dentist	0.6	0.60	PT/PTA	N/A	N/A
NP/PA	3.0	3.00			
OB/GYN Provider (HOC)	N/A	N/A			
Optometrist	0.2	0.20			
Psychiatric NP	0.25	0.25			
Mental Health Clinicians	4.0	2.60			
Staff Group #1 -Total FTE	13.7	11.25	Staff Group #2 -Total FTE	23.6	21.30
Total Staff Group# 1 Filled		82%	Total Staff Group# 2 Filled		90%
Total Staff 1 Vacancy %		18%	Total Staff 2 Vacancy%		10%

Group 1 = 3% offset =

Group 2 = 0% offset

30 days open-

\$20,157.10

MHC 2

Nursing 3

Total offset =
\$20,157.10

- 6.1. Service Provider shall provide contract manager, or designee, with a monthly staffing schedule prior to the first of each month.
- 6.2. Service Provider shall provide contract manager, or designee, with group schedules as updated and/or requested.
- 6.3. Service Provider shall maintain attendance lists/rosters after input into the OMS system.
- 6.4. Service Provider shall ensure staff are inputting client meetings into the OMS system as well as other required information required by SCSD.
- 6.5. Service Provider shall maintain for SCSD all client notes and files for audit compliance. These files should be maintained in the office(s) utilized by staff or sent electronically to the contract manager.

6.6. Staffing and Vacancy Reports

The Contractor shall provide SCSD with punch reports for all staff on a monthly basis with the invoice. The Contractor is responsible for ensuring hours worked are accurately reflected on the punch summaries. Along with the punch summary, the Contractor shall provide the staffing matrix with calculated percentage of filled and vacant positions.

The Contractor shall provide with each monthly invoice the prior month's staffing hours for all positions, staffing shortages, updated schedules, and position vacancies to include terminations and/or resignations that occurred. Vacancy reports shall include the date the position became vacant as well as the name of hired candidate with pending start date, if available.

The Monthly Staffing and Vacancy Reports will be used to determine the Group Staffing Adjustment to be made per each group (See Section 6.7 for Staffing Lists).

For the purpose of the Group Staffing Adjustment, in the event that any such Personnel position is vacant, and the total staffing percentage is below 85%, per group, the SCSD may offset the monthly invoice using the following table to determine the percentage to be offset:

** October 2025- NSJ **

Staffing Percentage*	Group 1 Offset	Group 2 Offset	Potential Offset Total to monthly invoice
85% or greater	0%	0%	0%
84% to 80%	3%	2%	5%
79% to 75%	6%	4%	10%
74% to 70%	12%	8%	20%
69% or less	15%	15%	30%

* Percentage rounded to whole number

October-HOC 2025

$$HOC = 60\% = \$ 1,007,854.80$$

GROUP 1 STAFFING Category	Contract FTE	Actual FTE	GROUP 2 STAFFING Category	Contract FTE	Actual FTEs
Health Service Administrator	1.0	1.00	Dental Assistant	1.0	1.00
Director of Nursing	1.0	1.00	Discharge Planner	3.0	3.00
Medical Director	1.0	1.00	Aftercare Coordinator (HOC)	1.0	1.00
MAT Supervisor	1.0	1.00	RN/LPN/Med Tech	24.0	21.40
RN - Nurse Manager	1.0	0.60	Phlebotomist/CMA	2.0	2.00
Mental Health Director	0.5	0.50	AA	1.0	1.00
Psychiatrist	0.4	0.40	Medical Records	1.5	1.50
Dentist	1.37	1.30	PT/PTA	0.6	0.20
NP/PA	4.0	3.40			
OB/GYN Provider (HOC)	0.2	0.20			
Optometrist	0.2	0.20			
Psychiatric NP	0.75	0.75			
Mental Health Clinicians	7.0	6.05			
Staff Group #1 -Total FTE	19.42	17.40	Staff Group #2 -Total FTE	34.1	31.1
Total Staff Group# 1 Filled		90%	Total Staff Group# 2 Filled		91%
Total Staff 1 Vacancy %		10%	Total Staff 2 Vacancy%		9%

Group 1 = 0% offset | Group 2 = 0% offset

30 days open-

Nursing 3

PT/PTA .4

Nurse Manager .4

MHC 2

* No offset fees *
for HOC

- 6.1. Service Provider shall provide contract manager, or designee, with a monthly staffing schedule prior to the first of each month.
- 6.2. Service Provider shall provide contract manager, or designee, with group schedules as updated and/or requested.
- 6.3. Service Provider shall maintain attendance lists/rosters after input into the OMS system.
- 6.4. Service Provider shall ensure staff are inputting client meetings into the OMS system as well as other required information required by SCSD.
- 6.5. Service Provider shall maintain for SCSD all client notes and files for audit compliance. These files should be maintained in the office(s) utilized by staff or sent electronically to the contract manager.

6.6. Staffing and Vacancy Reports

The Contractor shall provide SCSD with punch reports for all staff on a monthly basis with the invoice. The Contractor is responsible for ensuring hours worked are accurately reflected on the punch summaries. Along with the punch summary, the Contractor shall provide the staffing matrix with calculated percentage of filled and vacant positions.

The Contractor shall provide with each monthly invoice the prior month's staffing hours for all positions, staffing shortages, updated schedules, and position vacancies to include terminations and/or resignations that occurred. Vacancy reports shall include the date the position became vacant as well as the name of hired candidate with pending start date, if available.

The Monthly Staffing and Vacancy Reports will be used to determine the Group Staffing Adjustment to be made per each group (See Section 6.7 for Staffing Lists).

For the purpose of the Group Staffing Adjustment, in the event that any such Personnel position is vacant, and the total staffing percentage is below 85%, per group, the SCSD may offset the monthly invoice using the following table to determine the percentage to be offset:

** October 2025- HOC **

Staffing Percentage*	Group 1 Offset	Group 2 Offset	Potential Offset Total to monthly invoice
85% or greater	0%	0%	0%
84% to 80%	3%	2%	5%
79% to 75%	6%	4%	10%
74% to 70%	12%	8%	20%
69% or less	15%	15%	30%

* Percentage rounded to whole number

Commonwealth of Massachusetts

**Suffolk County Sheriff's Department
PURCHASE ORDER**

FY26 P.O. Date: 06/30/2025 E/R Ref.#: 0114381 P.O.#: 1021510

Vendor: Correctional Psychiatric Services P.O. Box 1229 Sherborn, MA 01770-1229 Tax ID: 043237028 Quote No: RFRBD231098HOCSDS0280172 Contact Person: Jorge Velez Contact E-mail Addr: ENTER CONTACT E-MAIL ADDRESS	Ship To/Location: Suffolk County House of Correction (Deliveries: M thru F - 6 am - 1:00 pm) 20 Bradston Street Boston MA 02118 Attention: Patricia Sullivan (Facility) Division: HOC: 8111-27 Medical Services Tel.#: 617-635-1000 x2038 Contact Phone#: 508-647-6864 Contact Fax: ENTER CONTACT FAX
--	--

THIS IS AN ORDER FOR THE FOLLOWING PRODUCTS/SERVICES:

Qty.	Unit	Description and Part#	Unit Price	Ext Price
1	EA	Health and Psychiatric Services for the House of Correction and Jail FY25 Portion JUNE 30 2025	55,225.00	55,225.00
11	Months	Health and Psychiatric Services for the House of Correction and Jail year 3 FY26	1,679,758.00	18,477,338.00
1	EA	Health and Psychiatric Services for the House of Correction and Jail year 3 FY26 6/1/26-6/29/2026	1,624,537.00	1,624,537.00
1	EA	maintenance, repairs and replacement equipment for medical and dental. FY26	30,000.00	30,000.00
1	EA	HCRC Groups FY26	12,000.00	12,000.00
12	months	MAT Managers FY26	38,795.64	465,547.68

REMIT TO: SUFFOLK COUNTY SHERIFF'S DEPARTMENT

**Financial Services Division
20 Bradston Street
Boston, MA 02118**

Subtotal 20,664,647.68

Total 20,664,647.68

This purchase order is only valid for the listed goods and services that are delivered to the SCSD on or before the period-end date (FY 06/30/2026) or the contract end-date

Delivery Instructions: Deliver AS SOON AS POSSIBLE

Tax Exempt? YES

Terms: Net 45 (Business Days)

State Tax Exemption#: 046-002-284

SCSD FINANCIAL SERVICES:

Authorizing Signature:

Charles J. [Signature]

Date: 6/30/25

Div. Code:
HOC: 8111-27 Medical Services

Budget (Approp):
89108800: Suffolk Sheriff

MMARS Code:
R21

NOTES:

As part of the Vendor's obligations in this contract, the Vendor acknowledges that they are bound to follow the guidelines and standards of the Prison Rape Elimination Act (28 C.F.R. 115).